DOCUMENT RESUME

ED 090 745 EC 061 850

AUTHOR Gorelick, Molly C., Comp.; Brown, Patricia A., Comp.
TITLE Preschools Willimg to Integrate Children with Handicaps. Directory 1974.
INSTITUTION California State Univ., Northridge. Preschool Lab.
PUB DATE 74
NOTE 64p.

EDRS PRICE MF-$0.75 HC-$3.15 PLUS POSTAGE
DESCRIPTORS *Directories; *Early Childhood Education; Exceptional Child Education; *Handicapped Children; *Private Schools; Regular Class Placement
IDENTIFIERS *Los Angeles

ABSTRACT

The directory provides information on 59 State licensed private nursery schools in Los Angeles County which have indicated a willingness to accept children with handicaps. Given in the listing for each school are name, phone, address, capacity enrollment, ratio of adults to children, total number of teaching staff, number of volunteers, number of credentialed teachers, number of Children's Center Permit teachers, schedule and monthly tuition, whether children with physical or mental handicaps presently attend the school, and specific handicaps the school is willing to accept (listed are autism, epilepsy, partial deafness, partial blindness, profound deafness, total blindness, emotional disturbance, orthopedic handicap, mild cerebral palsy, severe cerebral palsy, Down's Syndrome, mild mental retardation, and severe mental retardation. (DB)

PRESCHOOLS WILLING TO INTEGRATE CHILDREN WITH HANDICAPS

DIRECTORY 1974

SCOPE OF INTEREST NOTICE

The ERIC Facility has assigned this document for processing to: EC PS

In our judgement, this document is also of interest to the clearinghouses noted to the right. Indexing should reflect their special points of view.

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY.

ED 090745

ED 090745

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

PRESCHOOL LABORATORY

HOME ECONOMICS DEPARTMENT

SCHOOL OF COMMUNICATION AND PROFESSIONAL STUDIES

Compiled by:
Molly C. Gorelick, Ed. D.
Project Director - Assoc. Prof.

Patricia A. Brown
Graduate Student

TABLE OF CONTENTS

INTRODUCTION	1
AGOURA	3
BURBANK	4
CANOGA PARK	8
CHATSWORTH	12
ENCINO	13
GLENDALE	15
GRANADA HILLS	19
LA CRESCENTA	20
LANCASTER	21
NEWHALL	23
NORTH HOLLYWOOD	24
NORTHRIDGE	32
PALMDALE	36
PANORAMA CITY	37
RESEDA	39
SAN FERNANDO	42
SAUGUS	43
SEPULVEDA	44
STUDIO CITY	45
SYLMAR	48
SUN VALLEY	50
TARZANA	52
VALENCIA	54
VAN NUYS	55
WESTLAKE VILLAGE	59
WOODLAND HILLS	60

INTRODUCTION

The trend toward returning children with handicaps to the mainstream of community life has been given momentum by California's Master Plan for special education. The passage by Congress in 1972 of Public Law 92424 requiring Headstart programs to enroll at least 10% children with handicaps added further impetus toward integration. In September 1971 at California State University, Northridge (CSUN) a project "Careers in Integrated Early Childhood Programs" was initiated to train personnel to staff early childhood programs in which children with handicaps are integrated into existing nursery schools.

The publicity given to the CSUN integrated project resulted in numerous calls from physicians, parents, psychologists, social workers, clinics and agencies desiring placement of children with handicaps in the University Preschool Laboratory. Since only 12 children with handicaps were accommodated in the school's four classes with a total enrollment of 64 children, the need arose to seek other referral resources. A questionnaire was sent to 230 state licensed private nursery schools in the Northwest District of Los Angeles County which includes San Fernando Valley and surrounding communities. Headstart programs were not included in the survey. Of the 72

schools that responded, 59 of the schools which are listed in this directory answered the question "Are you willing to accept referrals of children with handicaps now?" positively. The information provided in this directory does not include any value judgments as to the nature or quality of these schools. It is expected that parents, professionals and agencies seeking nursery schools for children with handicaps will assume the responsibility for assessing the appropriateness of a particular "accepting" school for a particular child.

We are certain that there are many more nursery schools in the community willing to return children with handicaps to the mainstream of childhood than are listed in this small directory. Future editions and updating of the directory should allow for the inclusion of additional schools. It is hoped that this publication will contribute to the identification of much needed resources for young children with handicaps in our community.

Molly C. Gorelick, Ed.D.
Project Director

lec

Name of school Hobby Horse Rancho Phone 889-2927

Address 525k Chesebro Rd. Agoura 91301
number street city zip code

Capacity enrollment 70 - 79

Ratio of adults to children 1 : 8

Total no. of teaching staff 5 No. of volunteers 4 - 10

No. of credentialed teachers 3

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$30.00
A.M.	3	38.50
A.M.	4	48.50
A.M.	5	65.00
P.M.	2	30.00
P.M.	3	38.00
P.M.	4	48.50
P.M.	5	65.00
Full day	2	40.00
Full day	3	60.00
Full day	4	80.00
Full day	5	95.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

X	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness		severe cerebral palsy
X	partial blindness		Down's syndrome ("Mongolism")
	profound deafness	X	mild mental retardation
	total blindness		severe mental retardation
	emotional disturbance		other

Comments: This school provides day care for $.75 per hour. If a child with a handicap were enrolled in this program the tuition might change because the teacher ratio would change.

Name of school Burbank First United Methodist Church Nursery School Phone 848-3233

Address 700 (number) North Glenoaks (street) Burbank (city) 91502 (zip code)

Capacity enrollment 126 and above

Ratio of adults to children 1 : 8

Total no. of teaching staff 10 No. of volunteers

No. of credentialed teachers

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$ 20.00
A.M.	3	30.00
A.M.	4	
A.M.	5	
P.M.	2	20.00
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other

Comments:

Name of school Burbank Montessori Phone 845-6323

Address 1302 (number) North Glenoaks (street) Burbank (city) 91504 (zip code)

Capacity enrollment 60 - 69

Ratio of adults to children 1 : 10

Total no. of teaching staff 6 No. of volunteers 1 - 2

No. of credentialed teachers 4

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	
A.M.	5	$ 90.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	110.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
X	epilepsy	___	mild cerebral palsy
___	partial deafness	___	severe cerebral palsy
___	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	___	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other ___

Comments:

Name of school Burbank Temple Emanuel Nursery School Phone 845-1734

Address 1625 (number) Grismer St. (street) Burbank (city) 91504 (zip code)

Capacity enrollment 36

Ratio of adults to children 1 : 8

Total no. of teaching staff 4 No. of volunteers _____

No. of credentialed teachers 3

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	$ 22.00
A.M.	3	35.00
A.M.	4	40.00
A.M.	5	45.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other _____

Comments: _____

Name of school Westminster Presbyterian Church Nursery School Phone 848-7946

Address 542 (number) North Buena Vista (street) Burbank (city) 91506 (zip code)

Capacity enrollment 80 - 89

Ratio of adults to children 1 : 8

Total no. of teaching staff 9 No. of volunteers -

No. of credentialed teachers 8

No. of Children's Center Permit teachers -

Session	Times per week	Monthly Tuition
A.M.	2	$ 18.00
A.M.	3	27.00
A.M.	4	
A.M.	5	45.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
___	epilepsy	X	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other ___

Comments: Because of the physical set up and staffing the child would have to be capable of being integrated into a group and not require one to one adult help.

Name of school Canoga Park Parents Nursery School Phone 882-2955

Address 20600 (number) Roscoe Blvd. (street) Canoga Park (city) 91306 (zip code)

Capacity enrollment 20

Ratio of adults to children 1 : 5

Total no. of teaching staff 1 No. of volunteers 21

No. of credentialed teachers 1

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	
A.M.	5	$ 35.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No

Children with mental handicaps attend the school. Yes No X

The school is willing to accept children with the following handicaps:

	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness	X	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
X	total blindness		severe mental retardation
X	emotional disturbance		other

Comments: Each case is to be considered individually and enrollment will require approval by the staff.

Name of school Canoga Park Pre-School and Kindergarten Phone 346 -3035

Address 7839 (number) Topanga Cyn. Blvd. (street) Canoga Park (city) 91304 (zip code)

Capacity enrollment 100 - 125

Ratio of adults to children 1 : 12

Total no. of teaching staff 11 No. of volunteers _____

No. of credentialed teachers _____

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	
A.M.	5	
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No ___

Children with mental handicaps attend the school. Yes ___ No ___

The school is willing to accept children with the following handicaps:

X	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
	partial deafness		severe cerebral palsy
	partial blindness		Down's syndrome ("Mongolism")
	profound deafness		mild mental retardation
	total blindness		severe mental retardation
	emotional disturbance		other _____

Comments: _____

Name of school Henia Haidn Child House Phone 341-4923

Address 20213 (number) Strathern (street) Canoga Park (city) 91306 (zip code)

Capacity enrollment 60 - 69

Ratio of adults to children

Total no. of teaching staff 4 No. of volunteers

No. of credentialed teachers

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$ 52.00
A.M.	3	62.00
A.M.	4	
A.M.	5	90.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	70.00
Full day	3	80.00
Full day	4	
Full day	5	100.00

Children with physical handicaps attend the school. Yes X No

Children with mental handicaps attend the school. Yes X No

The school is willing to accept children with the following handicaps:

X	autism	X	orthopedic handicap
	epilepsy	X	mild cerebral palsy
X	partial deafness		severe cerebral palsy
	partial blindness		Down's syndrome ("Mongolism")
	profound deafness	X	mild mental retardation
	total blindness		severe mental retardation
X	emotional disturbance		other

Comments: "We consider each individual child as to whether he could fit into respective classes."

Name of school Pixies Acre Phone 341-8020

Address 19757 Stagg Canoga Park 91306
number street city zip code

Capacity enrollment 50 - 59

Ratio of adults to children 1 : 12

Total no. of teaching staff 6 No. of volunteers

No. of credentialed teachers 5

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$ 32.00
A.M.	3	48.00
A.M.	4	64.00
A.M.	5	80.00
P.M.	2	32.00
P.M.	3	48.00
P.M.	4	64.00
P.M.	5	80.00
Full day	2	40.00
Full day	3	60.00
Full day	4	80.00
Full day	5	100.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

X	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness	X	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
X	total blindness	X	severe mental retardation
X	emotional disturbance		other

Comments: The school will accept any child depending on the extent of the handicap.

Name of school Congregational Church Chatsworth Preschool Phone 349-2550

Address 20440 (number) Lassen St. (street) Chatsworth (city) 91311 (zip code)

Capacity enrollment 31

Ratio of adults to children 1 : 7

Total no. of teaching staff 6 No. of volunteers 2

No. of credentialed teachers 2

No. of Children's Center Permit teachers 2

Session	Times per week	Monthly Tuition
A.M.	2	$ 22.00
A.M.	3	33.00
A.M.	4	
A.M.	5	55.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes X No ___

The school is willing to accept children with the following handicaps:

X	autism		orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness		severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
	profound deafness	X	mild mental retardation
	total blindness		severe mental retardation
X	emotional disturbance		other

Comments: This school handles each case on an individual basis. The school tries to determine whether or not the child will benefit without sacrificing the total group.

Name of school Childs World School Phone 343-8122

Address 5465 (number) White Oak (street) Encino (city) 91316 (zip code)

Capacity enrollment 70 - 79

Ratio of adults to children 1 : 10

Total no. of teaching staff 14 No. of volunteers 2

No. of credentialed teachers 2

No. of Children's Center Permit teachers 1

Session	Times per week	Monthly Tuition
A.M.	2	$ 57.00
A.M.	3	68.00
A.M.	4	80.00
A.M.	5	92.00
P.M.	2	67.00
P.M.	3	78.00
P.M.	4	90.00
P.M.	5	102.00
Full day	2	58.00
Full day	3	82.00
Full day	4	92.00
Full day	5	102.00

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes ___ No ___

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
___	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
X	emotional disturbance	___	other ___

Comments: ___

Name of school Valley Beth Shalom Nursery School Phone 789-6000

Address 15739 (number) Ventura Blvd. (street) Encino (city) 91316 (zip code)

Capacity enrollment 80 - 89

Ratio of adults to children 1 : 6

Total no. of teaching staff 12 No. of volunteers _____

No. of credentialed teachers 4

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	
A.M.	5	$ 60.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
___	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	___	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other _____

Comments: The tuition listed is for temple members. If non-members wish to enroll their children in this program, an additional $10.00 will be charged.

Name of school Glendale Montessori Phone 240-9415

Address 413 West Doran Glendale 91203
number street city zip code

Capacity enrollment 40 - 49

Ratio of adults to children 1 : 10

Total no. of teaching staff 6 No. of volunteers 1 - 2

No. of credentialed teachers 4

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	
A.M.	5	$ 90.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	110.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
X	epilepsy	___	mild cerebral palsy
___	partial deafness	___	severe cerebral palsy
___	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	___	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other _____

Comments: _____

Name of school Glendale Presbyterian Church Phone 242-2660

Address 219 East Harvard St. Glendale 91205
number street city zip code

Capacity enrollment 60 - 69

Ratio of adults to children 1 : 7

Total no. of teaching staff 7 No. of volunteers _____

No. of credentialed teachers _____

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	$ 20.00
A.M.	3	30.00
A.M.	4	
A.M.	5	
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
___	epilepsy	X	mild cerebral palsy
___	partial deafness	___	severe cerebral palsy
___	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other _____

Comments: _____

Name of school Salem Lutheran Phone 243-3193

Address 1211 (number) North Brand Blvd. (street) Glendale (city) 91202 (zip code)

Capacity enrollment 30 - 39

Ratio of adults to children 1 : 12

Total no. of teaching staff 2 No. of volunteers

No. of credentialed teachers 2

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$ 24.00
A.M.	3	34.00
A.M.	4	
A.M.	5	
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
___	epilepsy	X	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other

Comments:

Name of school The Salvation Army Day Care Center Phone 246-5586

Address 320 (number) West Windsor Rd. (street) Glendale (city) 91204 (zip code)

Capacity enrollment 30 - 34

Ratio of adults to children _____

Total no. of teaching staff 4 No. of volunteers 4

No. of credentialed teachers 4

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	$ 24.00
A.M.	3	36.00
A.M.	4	48.00
A.M.	5	60.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	48.00
Full day	3	72.00
Full day	4	96.00
Full day	5	100.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes X No ___

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
X	total blindness	___	severe mental retardation
X	emotional disturbance	___	other _____

Comments: This school also offers daily sessions once a week.

Name of school North Valley Jewish Community Center Nursery School Phone 360-2211

Address 16601 (number) Rinaldi (street) Granada Hills (city) 91344 (zip code)

Capacity enrollment 80 - 90

Ratio of adults to children 1 : 5

Total no. of teaching staff 11 No. of volunteers 21

No. of credentialed teachers 5

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	-
A.M.	3	-
A.M.	4	
A.M.	5	-
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes ___ No ___

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other _____

Comments: _____

Name of school La Crescenta Presbyterian Church Pre-School Phone 249-6137

Address 2902 (number) Montrose Ave. (street) La Crescenta (city) - (zip code)

Capacity enrollment 56

Ratio of adults to children 1 : 6

Total no. of teaching staff 12 No. of volunteers

No. of credentialed teachers 3

No. of Children's Center Permit teachers 6

Session	Times per week	Monthly Tuition
A.M.	2	$ 24.75
A.M.	3	32.00
A.M.	4	
A.M.	5	56.75
P.M.	2	24.75
P.M.	3	32.00
P.M.	4	
P.M.	5	56.75
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness		severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
	profound deafness	X	mild mental retardation
	total blindness		severe mental retardation
X	emotional disturbance		other

Comments:

Name of school Lancaster United Methodist Pre-School Phone 805-942-0812

Address 918 West Avenue J Lancaster 93534
number street city zip code

Capacity enrollment 100 - 125

Ratio of adults to children 1 : 12

Total no. of teaching staff 5 No. of volunteers

No. of credentialed teachers

No. of Children's Center Permit teachers 1

Session	Times per week	Monthly Tuition
A.M.	2	$ 18.00
A.M.	3	24.00
A.M.	4	
A.M.	5	
P.M.	2	18.00
P.M.	3	24.00
P.M.	4	
P.M.	5	35.00
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes X No ___

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
X	epilepsy	___	mild cerebral palsy
___	partial deafness	___	severe cerebral palsy
___	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
X	emotional disturbance	___	other

Comments:

Name of school Lancaster Parent - Nursery Inc. Phone 805-948-3027

Address 506 (number) West Avenue K (street) Lancaster (city) 93534 (zip code)

Capacity enrollment 20 - 29

Ratio of adults to children 1 : 5

Total no. of teaching staff 4 No. of volunteers

No. of credentialed teachers

No. of Children's Center Permit teachers 1

Session	Times per week	Monthly Tuition
A.M.	2	$ 17.00
A.M.	3	22.00
A.M.	4	
A.M.	5	
P.M.	2	
P.M.	3	
P.M.	4	27.00
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No

Children with mental handicaps attend the school. Yes No X

The school is willing to accept children with the following handicaps:

X	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness	X	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
X	total blindness	X	severe mental retardation
X	emotional disturbance		other

Comments:

Name of school Little Shepherd's Nursery School Phone 805-259-0555

Address 24307 N. Newhall Ave. Newhall 91321
number street city zip code

Capacity enrollment 85

Ratio of adults to children 1 : 8

Total no. of teaching staff 6 No. of volunteers

No. of credentialed teachers 4

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$ 25.00
A.M.	3	35.00
A.M.	4	
A.M.	5	
P.M.	2	
P.M.	3	29.00
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No

Children with mental handicaps attend the school. Yes X No

The school is willing to accept children with the following handicaps:

X	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness	X	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
X	total blindness	X	severe mental retardation
X	emotional disturbance		other

Comments:

Name of school The Country School Phone 769-2473

Address 5243 (number) Laurel Canyon (street) North Hollywood (city) 91607 (zip code)

Capacity enrollment 126 and above

Ratio of adults to children 1 : 6

Total no. of teaching staff 19 No. of volunteers

No. of credentialed teachers 4

No. of Children's Center Permit teachers 15

Session	Times per week	Monthly Tuition
A.M.	2	$ 35.00
A.M.	3	60.00
A.M.	4	
A.M.	5	80.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	80.00
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

X	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness	X	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
X	total blindness	X	severe mental retardation
X	emotional disturbance		other

Comments:

Name of school Crossroads School Phone 980-3688

Address 6045 (number) Cleon St. (street) North Hollywood (city) 91606 (zip code)

Capacity enrollment 60

Ratio of adults to children 1 : 7

Total no. of teaching staff 4 No. of volunteers _____

No. of credentialed teachers _____

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	
A.M.	5	
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	$ 66.00
Full day	2	
Full day	3	
Full day	4	
Full day	5	85.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes X No ___

The school is willing to accept children with the following handicaps:

X	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness	X	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
X	total blindness	X	severe mental retardation
X	emotional disturbance		other _____

Comments: This school is willing to accept any child with a handicap depending on enrollment of the school.

Name of school Harmony Playhouse Phone Po-9-9102

Address 10813 (number) Magnolia Blvd. (street) North Hollywood (city) 91601 (zip code)

Capacity enrollment 40

Ratio of adults to children 1 : 7

Total no. of teaching staff 8 No. of volunteers 2

No. of credentialed teachers 4

No. of Children's Center Permit teachers 2

Session	Times per week	Monthly Tuition
A.M.	2	$ 36.00
A.M.	3	54.00
A.M.	4	72.00
A.M.	5	80.00
P.M.	2	36.00
P.M.	3	54.00
P.M.	4	72.00
P.M.	5	80.00
Full day	2	44.00
Full day	3	66.00
Full day	4	88.00
Full day	5	100.00

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes X No ___

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
X	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
___	partial blindness	X	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
Y	emotional disturbance	X	other Hyperkenetic

Comments: Teachers at this school have had special training with handicapped children.

Name of school Laurel Hall Pre-school Phone 769-0667

Address 11850 (number) Calvert (street) North Hollywood (city) 91606 (zip code)

Capacity enrollment 188

Ratio of adults to children 1 : 10

Total no. of teaching staff 21 No. of volunteers -

No. of credentialed teachers 5

No. of Children's Center Permit teachers -

Session	Times per week	Monthly Tuition
A.M.	2	$ 30.00
A.M.	3	40.00
A.M.	4	
A.M.	5	53.00
P.M.	2	30.00
P.M.	3	40.00
P.M.	4	
P.M.	5	53.00
Full day	2	47.00
Full day	3	63.00
Full day	4	
Full day	5	85.00

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other ___

Comments: ___

Name of school Maud Booth Family Center Phone 980-2287

Address 11243 (number) Kittridge (street) North Hollywood (city) 91606 (zip code)

Capacity enrollment 126 and above

Ratio of adults to children 1 : 7

Total no. of teaching staff 26 No. of volunteers 20 - 25

No. of credentialed teachers 6

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	
A.M.	5	
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	X

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes X No ___

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
X	profound deafness	___	mild mental retardation
___	total blindness	___	severe mental retardation
X	emotional disturbance	___	other _____

Comments: _____

Name of school Storyland Nursery Phone 763-1161

Address 12536 (number) Burbank Blvd. (street) North Hollywood (city) 91607 (zip code)

Capacity enrollment 40 - 49

Ratio of adults to children 1 : 6

Total no. of teaching staff 7 No. of volunteers

No. of credentialed teachers 5

No. of Children's Center Permit teachers 1

Session	Times per week	Monthly Tuition
A.M.	2	$ 45.00
A.M.	3	55.00
A.M.	4	60.00
A.M.	5	70.00
P.M.	2	45.00
P.M.	3	55.00
P.M.	4	60.00
P.M.	5	70.00
Full day	2	55.00
Full day	3	70.00
Full day	4	80.00
Full day	5	90.00

Children with physical handicaps attend the school. Yes X No

Children with mental handicaps attend the school. Yes X No

The school is willing to accept children with the following handicaps:

X	autism		orthopedic handicap
	epilepsy	X	mild cerebral palsy
X	partial deafness		severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
	total blindness		severe mental retardation
X	emotional disturbance		other

Comments:

Name of school Temple Beth Hillel Nursery School Phone 763-9148

Address 12326 Riverside Dr. North Hollywood -
number street city zip code

Capacity enrollment 54

Ratio of adults to children 1 : 6

Total no. of teaching staff 9 No. of volunteers 2

No. of credentialed teachers 2

No. of Children's Center Permit teachers 2

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	$ 38.00
A.M.	4	
A.M.	5	55.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
X	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other ___

Comments: The tuitions listed above are for members. If you are not a member the tuition will increase $12.00 to 15.00.

Name of school Village Methodist Day Care Center Phone 764-8966

Address 11510 (number) Valerio (street) North Hollywood (city) 91605 (zip code)

Capacity enrollment 60 - 69

Ratio of adults to children 1 : 10

Total no. of teaching staff 8 No. of volunteers 1

No. of credentialed teachers 4

No. of Children's Center Permit teachers 1

Session	Times per week	Monthly Tuition
A.M.	2	$ 33.00
A.M.	3	42.00
A.M.	4	
A.M.	5	70.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	90.00

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other ___

Comments: ___

Name of school First Presbyterian Church of Granada Hills Phone 368-1310

Address 10400 Zelzah Ave, Northridge 91324
number street city zip code

Capacity enrollment 192

Ratio of adults to children 1 : 8

Total no. of teaching staff 20 No. of volunteers

No. of credentialed teachers

No. of Children's Center Permit teachers 13

Session	Times per week	Monthly Tuition
A.M.	2	$ 25.00
A.M.	3	35.00
A.M.	4	
A.M.	5	60.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No

Children with mental handicaps attend the school. Yes X No

The school is willing to accept children with the following handicaps:

X	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness		severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
X	total blindness		severe mental retardation
X	emotional disturbance		other

Comments: "Any child whom we feel will be helped by our program and will not require an undue amount of individual teacher attention to the detriment of the class or school as a whole will be admitted."

Name of school Miss Paula's School Inc. Phone 349-2372

Address 10,000 (number) Reseda Blvd (street) Northridge (city) 91324 (zip code)

Capacity enrollment 40 - 49

Ratio of adults to children 1 : 5

Total no. of teaching staff 7 No. of volunteers _____

No. of credentialed teachers 4

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	$ 45.00
A.M.	4	
A.M.	5	72.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	45.00
Full day	3	
Full day	4	
Full day	5	100.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
X	emotional disturbance	___	other _____

Comments: _____

Name of school Northridge Park Coop Nursery School Phone 784-3757

Address P.O. Box 133 Northridge 91324
number street city zip code

Capacity enrollment 20 - 29

Ratio of adults to children 1 : 4

Total no. of teaching staff 1 No. of volunteers 23-24 parents

No. of credentialed teachers 1

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	-
A.M.	5	
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
___	epilepsy	?	mild cerebral palsy
?	partial deafness	___	severe cerebral palsy
___	partial blindness	X	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other _____

Comments: _____

Name of school Weekday Nursery School Phone 886-4949

Address 9650 (number) Reseda Blvd. (street) Northridge (city) 91324 (zip code)

Capacity enrollment 100 - 125

Ratio of adults to children 1 : 7

Total no. of teaching staff 10 No. of volunteers

No. of credentialed teachers 4

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$ 24.00
A.M.	3	36.00
A.M.	4	48.00
A.M.	5	60.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No

Children with mental handicaps attend the school. Yes No X

The school is willing to accept children with the following handicaps:

	autism	X	orthopedic handicap
	epilepsy	X	mild cerebral palsy
X	partial deafness		severe cerebral palsy
X	partial blindness		Down's syndrome ("Mongolism")
X	profound deafness		mild mental retardation
X	total blindness		severe mental retardation
	emotional disturbance		other

Comments:

Name of school Palmdale Nursery School Phone 947-1314

Address 917 East Avenue Q Palmdale 93550
number street city zip code

Capacity enrollment 50

Ratio of adults to children 1 : 12

Total no. of teaching staff 6 No. of volunteers 2

No. of credentialed teachers 2

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$ 36.00
A.M.	3	48.00
A.M.	4	56.00
A.M.	5	60.00
P.M.	2	36.00
P.M.	3	48.00
P.M.	4	56.00
P.M.	5	60.00
Full day	2	52.00
Full day	3	72.00
Full day	4	88.00
Full day	5	100.00

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

X	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness		severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
	profound deafness	X	mild mental retardation
X	total blindness	X	severe mental retardation
X	emotional disturbance		other

Comments:

Name of school Branford Co-op Phone 892-1847

Address 14517 (number) Osborne (street) Panorama City (city) 91402 (zip code)

Capacity enrollment 20 - 29

Ratio of adults to children 1 : 5

Total no. of teaching staff 1 No. of volunteers

No. of credentialed teachers 1

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	
A.M.	5	$ 29.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
___	epilepsy	X	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
___	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other

Comments:

Name of school Panorama Co-op Phone 360-5861

Address 8801 Kester St. Panorama City -
number street city zip code

Capacity enrollment 24

Ratio of adults to children 1 : 4

Total no. of teaching staff 1 No. of volunteers 5 - 6

No. of credentialed teachers

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	
A.M.	5	$ 25.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other

Comments: "Each case is to be considered individually. The child and parent would have to be willing to participate in our school. Each mother or father has to work 1 day a week and attend an educational meeting one evening a month."

Name of school Reseda Co-op Nursery Phone ___ -

Address Reseda Pk. Victory & Reseda Bl. Reseda -
number street city zip code

Capacity enrollment 20 - 29

Ratio of adults to children 1 : 4

Total no. of teaching staff 1 No. of volunteers 5

No. of credentialed teachers

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	$ 24.50
A.M.	5	
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
___	partial deafness	___	severe cerebral palsy
___	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other

Comments: "This is an outdoor park school. There is one teacher and one parent for each four or five children. Each child must be individually evaluated. Any decisions would be made by the entire membership."

Name of school Sherman Acres School Phone 985-9200

Address 19325 Sherman Way Reseda 91335
number street city zip code

Capacity enrollment 25

Ratio of adults to children 1 : 9

Total no. of teaching staff 4 No. of volunteers -

No. of credentialed teachers 2

No. of Children's Center Permit teachers -

Session	Times per week	Monthly Tuition
A.M.	2	$ 36.00
A.M.	3	54.00
A.M.	4	72.00
A.M.	5	80.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	40.00
Full day	3	62.00
Full day	4	80.00
Full day	5	90.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
___	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	___	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other ___

Comments: ___

Name of school Temple Beth Phone 343-4624

Address 18449 (number) Kittridge St. (street) Reseda (city) 91335 (zip code)

Capacity enrollment 90 - 99

Ratio of adults to children 1 : 6½

Total no. of teaching staff 9 No. of volunteers

No. of credentialed teachers 5

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$ 31.00
A.M.	3	43.00
A.M.	4	
A.M.	5	57.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No

Children with mental handicaps attend the school. Yes X No

The school is willing to accept children with the following handicaps:

	autism		orthopedic handicap
	epilepsy		mild cerebral palsy
X	partial deafness		severe cerebral palsy
X	partial blindness		Down's syndrome ("Mongolism")
	profound deafness	X	mild mental retardation
	total blindness		severe mental retardation
	emotional disturbance		other

Comments:

Name of school Wooden Shoe Phone 365-1513

Address 1525 (number) Glenoaks Blvd. (street) San Fernando (city) 91342 (zip code)

Capacity enrollment 50 - 59

Ratio of adults to children 1 : 8

Total no. of teaching staff 9 No. of volunteers 4

No. of credentialed teachers 4

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	$ 30.00
A.M.	4	
A.M.	5	
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
___	epilepsy	X	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other ___

Comments: Four non-credentialed assistants are on the staff. These assistants are trained in the school and attend educational seminars, workshops, and lectures.

Name of school Small World Phone 259-1155

Address 26640 Bouquet Canyon Rd. Saugus 91350
number street city zip code

Capacity enrollment 100 - 125

Ratio of adults to children 1 : 6

Total no. of teaching staff 9 No. of volunteers 7

No. of credentialed teachers 4

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	$ 25.00
A.M.	3	35.00
A.M.	4	
A.M.	5	
P.M.	2	
P.M.	3	30.00
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No ___

Children with mental handicaps attend the school. Yes ___ No ___

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
X	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
X	profound deafness	___	mild mental retardation
X	total blindness	___	severe mental retardation
X	emotional disturbance	___	other _____

Comments: _____

Name of school Sepulveda Co-operative Nursery School Phone 368-1987

Address 9550 (number) Haskell Ave. (street) Sepulveda (city) 91343 (zip code)

Capacity enrollment 10 - 20

Ratio of adults to children 1 : 4

Total no. of teaching staff 1 No. of volunteers 3

No. of credentialed teachers _____

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	
A.M.	5	$ 30.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes X No ___

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
___	epilepsy	X	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other _____

Comments: _____

Name of school Beth Meier Phone 776-3451

Address 11728 (number) Moorpark (street) Studio City (city) 91605 (zip code)

Capacity enrollment 100

Ratio of adults to children 1 : 10

Total no. of teaching staff 12 No. of volunteers -

No. of credentialed teachers 6

No. of Children's Center Permit teachers 6

Session	Times per week	Monthly Tuition
A.M.	2	$ 45.00
A.M.	3	55.00
A.M.	4	70.00
A.M.	5	75.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	55.00
Full day	3	70.00
Full day	4	80.00
Full day	5	85.00

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes X No ___

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
X	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
X	emotional disturbance	___	other ___

Comments: This school also offers extended day care programs.

Name of school Christian Nursery School Phone 763-8216

Address 4390 Colfax Ave. Studio City 91604
number street city zip code

Capacity enrollment 70

Ratio of adults to children 1 : 7

Total no. of teaching staff 11 No. of volunteers

No. of credentialed teachers

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$ 15.00
A.M.	3	25.00
A.M.	4	
A.M.	5	41.00
P.M.	2	15.00
P.M.	3	25.00
P.M.	4	
P.M.	5	41.00
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
___	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	___	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other

Comments: "We would have to make an individual evaluation as to the facilities and training of personnel."

Name of school Woodcrest Schools Inc. Phone 984-2872

Address 4383 (number) Colfax Ave. (street) Studio City (city) 91604 (zip code)

Capacity enrollment _____

Ratio of adults to children 1 : 9

Total no. of teaching staff _____ No. of volunteers _____

No. of credentialed teachers _____

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	$ 30.00
A.M.	3	44.00
A.M.	4	
A.M.	5	60.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	40.00
Full day	3	60.00
Full day	4	
Full day	5	90.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes X No ___

The school is willing to accept children with the following handicaps:

X	autism	___	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
___	profound deafness	___	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other _____

Comments: For further information about Woodcrest Schools contact M. Lieberman at 984-2872 or 763-8959. Other schools are located in No. Hollywood; Northridge; Sherman Oaks; and Van Nuys.

Name of school Children's Cottage Phone 365-7411

Address 13548 (number) Foothill Blvd. (street) Sylmar (city) 91342 (zip code)

Capacity enrollment 30 - 39

Ratio of adults to children 1 : 6

Total no. of teaching staff 6 No. of volunteers 3

No. of credentialed teachers

No. of Children's Center Permit teachers 3 who qualify

Session	Times per week	Monthly Tuition
A.M.	2	$ 48.00
A.M.	3	67.00
A.M.	4	
A.M.	5	100.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes X No ___

The school is willing to accept children with the following handicaps:

X	autism		orthopedic handicap
X	epilepsy	?	mild cerebral palsy
X	partial deafness		severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
	profound deafness	X	mild mental retardation
	total blindness	X	severe mental retardation
X	emotional disturbance		other

Comments: This school has accepted special children for the past six years.

Name of school Childrens Day Care and Learning Center Phone 367-5483

Address 13130 (number) Herrick Ave. (street) Sylmar (city) 91342 (zip code)

Capacity enrollment 54

Ratio of adults to children 1 : 8

Total no. of teaching staff 9 No. of volunteers

No. of credentialed teachers 3

No. of Children's Center Permit teachers 2

Session	Times per week	Monthly Tuition
A.M.	2	$ 30.00
A.M.	3	43.50
A.M.	4	
A.M.	5	72.00
P.M.	2	30.00
P.M.	3	36.00
P.M.	4	48.00
P.M.	5	60.00
Full day	2	38.00
Full day	3	60.00
Full day	4	80.00
Full day	5	92.50

Children with physical handicaps attend the school. Yes X No

Children with mental handicaps attend the school. Yes X No

The school is willing to accept children with the following handicaps:

	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness		severe cerebral palsy
X	partial blindness		Down's syndrome ("Mongolism")
	profound deafness	X	mild mental retardation
	total blindness		severe mental retardation
X	emotional disturbance		other

Comments:

Name of school Montessori Education Center Phone 768-1392

Address 8040 (number) Glenoaks Blvd. (street) Sun Valley (city) 91352 (zip code)

Capacity enrollment 34

Ratio of adults to children 1 : 8

Total no. of teaching staff 3 No. of volunteers

No. of credentialed teachers 1

No. of Children's Center Permit teachers 1

Session	Times per week	Monthly Tuition
A.M.	2	$ 27.00
A.M.	3	40.00
A.M.	4	52.00
A.M.	5	65.00
P.M.	2	27.00
P.M.	3	40.00
P.M.	4	52.00
P.M.	5	65.00
Full day	2	50.00
Full day	3	75.00
Full day	4	95.00
Full day	5	110.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
X	total blindness	___	severe mental retardation
X	emotional disturbance	___	other

Comments: This school has an extended day care program from 11:30 AM to 5:30 PM for children 2½ years to 4½ years of age. The school has a total of 34 places per ½ day session of which an average of 20 are filled.

Name of school Valley Lutheran Pre-School Phone 765-5404

Address 11329 (number) Valerio St. (street) Sun Valley (city) 91352 (zip code)

Capacity enrollment 70 - 79

Ratio of adults to children 1 : 11

Total no. of teaching staff 7 No. of volunteers ____

No. of credentialed teachers 5

No. of Children's Center Permit teachers ____

Session	Times per week	Monthly Tuition
A.M.	2	$ 23.00
A.M.	3	44.00
A.M.	4	
A.M.	5	65.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	44.00
Full day	3	60.00
Full day	4	70.00
Full day	5	90.00

Children with physical handicaps attend the school. Yes X No ____

Children with mental handicaps attend the school. Yes X No ____

The school is willing to accept children with the following handicaps:

____	autism	____	orthopedic handicap
____	epilepsy	X	mild cerebral palsy
X	partial deafness	____	severe cerebral palsy
X	partial blindness	____	Down's syndrome ("Mongolism")
____	profound deafness	____	mild mental retardation
____	total blindness	____	severe mental retardation
____	emotional disturbance	____	other ____

Comments: ____

Name of school Rettook's Pre School Phone 343-1436

Address 5562 Reseda Blvd, Tarzana 91356
number street city zip code

Capacity enrollment 100 - 125

Ratio of adults to children 1 : 8

Total no. of teaching staff 14 No. of volunteers

No. of credentialed teachers 8

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$ 34.00
A.M.	3	50.00
A.M.	4	
A.M.	5	75.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	64.00
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No

Children with mental handicaps attend the school. Yes No X

The school is willing to accept children with the following handicaps:

	autism	X	orthopedic handicap
	epilepsy		mild cerebral palsy
X	partial deafness		severe cerebral palsy
	partial blindness		Down's syndrome ("Mongolism")
	profound deafness		mild mental retardation
	total blindness		severe mental retardation
	emotional disturbance		other

Comments:

Name of school Tarzana Pre-School Phone 344-1480

Address 18141 (number) Burbank Blvd. (street) Tarzana (city) 91356 (zip code)

Capacity enrollment 24

Ratio of adults to children 1 : 6

Total no. of teaching staff 4 No. of volunteers

No. of credentialed teachers 1

No. of Children's Center Permit teachers 1

Session	Times per week	Monthly Tuition
A.M.	2	$ 53.00
A.M.	3	63.00
A.M.	4	80.00
A.M.	5	88.00
P.M.	2	36.00
P.M.	3	48.00
P.M.	4	60.00
P.M.	5	66.00
Full day	2	
Full day	3	79.00
Full day	4	97.00
Full day	5	105.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

X	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness	X	severe cerebral palsy
X	partial blindness	X	Down's syndrome ("Mongolism")
X	profound deafness	X	mild mental retardation
X	total blindness	X	severe mental retardation
X	emotional disturbance		other

Comments: Any child may be accepted at this pre-school if he or she will benefit from the program.

Name of school St. Stephen's Nursery School Phone 805-259-9527

Address 24901 Orchard Village Rd. Valencia 91355
number street city zip code

Capacity enrollment 50

Ratio of adults to children 1 : 7

Total no. of teaching staff 7 No. of volunteers

No. of credentialed teachers

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$ 24.00
A.M.	3	36.00
A.M.	4	
A.M.	5	60.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
___	epilepsy	X	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
X	emotional disturbance	___	other

Comments: This school is very interested in the integration of the "normal" child with the "handicapped" child. All the staff at this school have certificates of completion of a core of courses in Early Childhood Education taken at the local community college.

Name of school Crestwood Educational Center Phone 780-5877

Address 6903 Tyrone Ave. Van Nuys 91405
number street city zip code

Capacity enrollment 50 - 59

Ratio of adults to children 1 : 10

Total no. of teaching staff 10 No. of volunteers

No. of credentialed teachers 2

No. of Children's Center Permit teachers 3

Session	Times per week	Monthly Tuition
A.M.	2	$ 13.00
A.M.	3	
A.M.	4	17.50
A.M.	5	
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	10.00
Full day	2	
Full day	3	15.00
Full day	4	19.00
Full day	5	23.75

Children with physical handicaps attend the school. Yes X No

Children with mental handicaps attend the school. Yes No X

The school is willing to accept children with the following handicaps:

	autism		orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness		severe cerebral palsy
	partial blindness		Down's syndrome ("Mongolism")
	profound deafness	X	mild mental retardation
	total blindness		severe mental retardation
X	emotional disturbance		other

Comments:

Name of school Ecole Montessori Phone 994-2951

Address 15313 Cabrito Rd. Van Nuys 91406
number street city zip code

Capacity enrollment 40 - 49

Ratio of adults to children 1 : 10

Total no. of teaching staff 4 No. of volunteers _____

No. of credentialed teachers 3

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	
A.M.	5	
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	80.00
Full day	4	
Full day	5	$110.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
X	emotional disturbance	___	other _____

Comments: _____

Name of school Valley Cities Jewish Community Center Phone 786-6310

Address 13164 (number) Burbank Blvd. (street) Van Nuys (city) 91401 (zip code)

Capacity enrollment 50 - 59

Ratio of adults to children 1 : 7

Total no. of teaching staff 9 No. of volunteers 2

No. of credentialed teachers 1

No. of Children's Center Permit teachers 4 who qualify

Session	Times per week	Monthly Tuition
A.M.	2	$ 30.00
A.M.	3	44.00
A.M.	4	
A.M.	5	63.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	
Full day	2	
Full day	3	
Full day	4	
Full day	5	

Children with physical handicaps attend the school. Yes X No ___

Children with mental handicaps attend the school. Yes X No ___

The school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
___	epilepsy	X	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
X	emotional disturbance	___	other ___

Comments: ___

Name of school Van Nuys Montessori School Phone 345-5940

Address 16945 Sherman Way Van Nuys 91406
number street city zip code

Capacity enrollment 100 - 125

Ratio of adults to children 1 : 10

Total no. of teaching staff 10 No. of volunteers _____

No. of credentialed teachers 10

No. of Children's Center Permit teachers _____

Session	Times per week	Monthly Tuition
A.M.	2	
A.M.	3	
A.M.	4	
A.M.	5	$100.00
P.M.	2	
P.M.	3	
P.M.	4	
P.M.	5	70.00
Full day	2	
Full day	3	
Full day	4	
Full day	5	117.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

___	autism	___	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
___	partial deafness	___	severe cerebral palsy
___	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	X	other Educationally failing in public school.

Comments: The educationally gifted are accepted at this school.

ame of school Westlake Parent Participating Nursery School Phone 889-3691

ddress 31830 Village Center Rd, Westlake Village 91361
number street city zip code

apacity enrollment 40 - 49

atio of adults to children 1 : 5

otal no. of teaching staff 1 No. of volunteers 4 per morning

o. of credentialed teachers 1

o. of Children's Center Permit teachers 1

ession	Times per week	Monthly Tuition
.M.	2	$ 12.00
.M.	3	18.00
.M.	4	
.M.	5	
.M.	2	
.M.	3	
.M.	4	
.M.	5	
ull day	2	
ull day	3	
ull day	4	
ull day	5	

hildren with physical handicaps attend the school. Yes X No ___

hildren with mental handicaps attend the school. Yes ___ No X

he school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
X	epilepsy	X	mild cerebral palsy
X	partial deafness	___	severe cerebral palsy
X	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
___	emotional disturbance	___	other ___

omments: ___

Name of school Kelland's Kiddie Kollege Phone 340-6868

Address 5414 (number) Capistrano Ave. (street) Woodland Hills (city) 91364 (zip code)

Capacity enrollment 126 and above

Ratio of adults to children 1 : 9

Total no. of teaching staff 15 No. of volunteers

No. of credentialed teachers 10

No. of Children's Center Permit teachers

Session	Times per week	Monthly Tuition
A.M.	2	$ 32.00
A.M.	3	45.00
A.M.	4	60.00
A.M.	5	70.00
P.M.	2	25.50
P.M.	3	42.50
P.M.	4	
P.M.	5	
Full day	2	44.50
Full day	3	65.00
Full day	4	80.00
Full day	5	95.00

Children with physical handicaps attend the school. Yes ___ No X

Children with mental handicaps attend the school. Yes ___ No X

The school is willing to accept children with the following handicaps:

	autism	X	orthopedic handicap
	epilepsy		mild cerebral palsy
X	partial deafness		severe cerebral palsy
X	partial blindness		Down's syndrome ("Mongolism")
	profound deafness		mild mental retardation
	total blindness		severe mental retardation
	emotional disturbance		other

Comments:

ame of school Tecks Woodland School Phone 346-0388

ddress 22011 Avenue San Luis Woodland Hills 91364
number street city zip code

apacity enrollment 30 - 39

atio of adults to children 1 : 6

otal no. of teaching staff 4 No. of volunteers

o. of credentialed teachers 4

o. of Children's Center Permit teachers

ession	Times per week	Monthly Tuition
.M.	2	$ 35.00
.M.	3	55.00
.M.	4	
.M.	5	75.00
.M.	2	
.M.	3	
.M.	4	
.M.	5	
ull day	2	
ull day	3	
ull day	4	
ull day	5	

hildren with physical handicaps attend the school. Yes ___ No X

hildren with mental handicaps attend the school. Yes ___ No ___

he school is willing to accept children with the following handicaps:

___	autism	X	orthopedic handicap
___	epilepsy	___	mild cerebral palsy
___	partial deafness	___	severe cerebral palsy
___	partial blindness	___	Down's syndrome ("Mongolism")
___	profound deafness	X	mild mental retardation
___	total blindness	___	severe mental retardation
X	emotional disturbance	___	other

omments: